

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000919

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 93

Primary Registration District No.

Registrar's No. 63-4

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 28 1963

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lockwood		c. CITY OR TOWN Golden City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lockwood Mem. Hosp.		d. STREET ADDRESS (If outside, give location) none	

3. NAME OF DECEASED (Type or print) First MYRTIE Middle BLANCHE Last TURMAN			4. DATE OF DEATH Month January Day 15 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/10/85	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Dade Co., Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------	--------------------------------------------------------------------	----------------------------------------------

13a. FATHER'S NAME James Wolfe	13b. MOTHER'S MAIDEN NAME Angeline West	14. NAME OF HUSBAND OR WIFE Cornelius Turman
------------------------------------------	---------------------------------------------------	--------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT Bennett Turman, Golden City, Mo.
-------------------------------------------------------------------------------------------------------------------	-------------------------	----------------------------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
-----------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
-----------------------------------------------------------	--------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	----------------------------------------------

21. I attended the deceased from January 8, 1963 to January 15, 1963 Death occurred at 7:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Raymond A. Carlson DO	22b. ADDRESS 403 Main St Golden City Mo	22c. DATE SIGNED 1-16-63
------------------------------------------------	---------------------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/17/63	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) Golden City, Mo.
------------------------------------------------------------	-----------------------------	----------------------------------------------------------------	------------------------------------------------------------------

24. FUNERAL DIRECTOR Phillips Funeral Home, Golden City, Mo.	25. DATE RECD. BY LOCAL REG. Jan 18, 1963	26. REGISTRAR'S SIGNATURE J. C. Canada
------------------------------------------------------------------------	-----------------------------------------------------	--------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

Raymond A. Carlson, D.O.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *H. Lowell Rugh*

Licensed Embalmer No. 4951

P. O. Address Golden City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.